Dear Kentucky Cancer Consortium Partners:

KCC is pleased to provide you with a link to the October 17, 2012 issue of "Wednesday's Word", a KCC communication which relays recent state and national cancer control articles, resources, events and tools to you on a weekly basis, in a brief, easy-to-read format. News topics in this issue include:

- Breast and Cervical Cancers
- Colorectal Cancer
- General
- Grants
- Health Disparities workshop
- Cancer Patient Navigators' forum
- Prevention/Genetics/Causes
- Smoke-free
- Survivorship & Survivorship Events

You may read archived editions on our website. If your organization has a cancer-related item for Wednesday's Word, or you know of someone who may benefit from receiving this communication, feel free to contact Katie Bathje at kbathje@kycancerc.org.

Sincerely, Kentucky Cancer Consortium Staff

October 17, 2012

Breast and Cervical Cancers

- **HPV vaccine not tied to increased promiscuity for girls (10/15/12, USA Today)** Preteen girls who received the HPV vaccine were no more likely than unvaccinated girls to get pregnant, develop sexually transmitted infections, or seek birth-control counseling, finds the latest study to discount concerns that vaccination against the human papillomavirus encourages promiscuity. Other studies, including a report on British teens out last week, also have dismissed the notion. But most relied on self-reporting by girls or their parents, says Robert Bednarczyk, lead author of a study in today's *Pediatrics*. His study of 1,398 girls, ages 11 and 12, analyzed medical data from the Kaiser Permanente Georgia managed-care group, and offers "the first clinical validation of what we've seen in self-reported surveys," says Bednarczyk. "We're hoping (it) will provide some reassurance to parents and to physicians that this concern that has been raised in the past isn't an actual barrier. Receiving this vaccine won't lead to increased sexual activity." For the analysis, Bednarczyk and colleagues examined "clinical markers of sexual activity" — pregnancy, sexually transmitted disease infections and contraceptive counseling — for two groups of preteen girls for up to three years. One group of 493 girls had received at least one dose of the HPV vaccine Gardasil, along with other recommended vaccines for tetanus and meningitis. A comparison group of 905 girls had received the tetanus and meningitis vaccines, but not HPV. Overall, "there was a very similar rate of testing, diagnosis and counseling between both groups," with no increase in pregnancies, STIs or birth-control counseling, says Bednarczyk. Less than 1% of all girls had a positive test for a sexually transmitted infection, and less than 1% had a positive pregnancy test, he says. The new study "really demonstrates that getting the HPV

vaccination is not somehow a signal to start having unprotected sex." According to the most recent CDC figures, 53% of girls ages 13 to 17 received at least one dose of the HPV vaccine in 2011.

- **Bra Device Detects Early Breast Cancer: Company** A U.S. company says it has created a bra device that can detect early signs of breast cancer. The Breast Tissue Screening Bra can detect tumors before a self-test or mammogram would, according to First Warning Systems of Reno, Nev., *CBS News* reported. A doctor would give the bra to a woman to wear for 12 hours. During that time, 16 temperature sensors in the cup would scan for deep tissue temperature changes that could indicate the growth of new blood vessels to feed a tumor. In addition, pattern recognition software would detect breast tissue irregularities.In three clinical trials involving a total of 650 women, the bra was more than 90 percent accurate in detecting breast cancer, according to the company, *CBS News* reported. The company plans to release the bra in Europe next year. Depending on FDA approval, it could be available in the U.S. as soon as 2014. The company didn't disclose the cost of the bra, but said each individual test will be about $25.
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- Sending health maintenance reminders to personal health records helps patients adhere to some screenings (10/12, AHRQ.gov) More and more patients are choosing personal health records (PHRs) to be proactive about their health. With their linkages to electronic health records, these systems can notify patients of various preventive screenings, such as mammograms and flu shots. A new study finds that patients with access to a PHR are more likely to obtain a mammogram and a flu shot compared to those not using a PHR. However, the impact of a PHR on other screenings is minimal. The study involved 11 primary care practices where 21,533 patients with access to a PHR were invited to participate. Of these, 3,979 elected to enroll in the study. Those in the intervention arm received various health maintenance reminders through an eJournal, an interactive electronic communication and information-sharing tool. The eJournal allowed them to review and update these reminders as well as family history information. Those patients assigned to the control arm had access to an eJournal where they could input and review information about their medications, allergies, and diabetes management, but not receive these reminders. Patients in the intervention arm who received health maintenance reminders were more likely to receive mammograms (48.6 percent) compared to patients in the control arm (29.5 percent) and more likely to receive flu shots (22 percent vs. 14 percent). However, there were no significant differences in obtaining Pap smears between the two groups. More research is needed to determine which screenings improve with PHR systems as well as how to encourage more patients to use a PHR. See "Randomized controlled trial of health maintenance reminders provided directly to patients through an electronic PHR," by Adam Wright, Ph.D., Eric C. Poon, M.D., M.P.H., Jonathan Wald, M.D., M.P.H., and others in the *Journal of General Internal Medicine* 27(1), pp. 85-92, 2012

Colorectal Cancer

- **B Vitamin Supplements Don't Affect Colon Cancer Risk: Study** (10/12/12, HealthDay News) Research concerning B vitamins' possible effect on colon cancer has been mixed, but a new study concludes that a B-vitamin combination supplement -- including folic acid (B9), B6 and B12 -- neither raises nor reduces the risk of colon cancer. As many as 35 percent of Americans take supplements containing B vitamins, and millions consume folic acid in fortified cereals each day. Concerns had been raised, on the one hand, that B supplementation might increase the odds of precancerous lesions, while other research had suggested a cancer-protective effect. This new study compared a vitamin B combo pill with an inactive placebo in more than 5,400 older women at high risk of cardiovascular disease and found the supplements had no significant effect on the risk of colon cancer. "The study's findings are reassuring, because there has been a concern that folic acid supplements may promote colorectal adenoma growth." Adenomas are a precursor to cancer. Researchers used data from the Women's Antioxidant and Folic Acid Cardiovascular Study. Median age of the women was 62 at the study's start. Those on the vitamin-B regimen received a high dose -- 2.5 milligrams -- of folic acid (the synthetic form of folate), 50 mg of vitamin B6 and 1 mg of B12 daily. Among these women, Song's group zeroed in on more than 1,400 who underwent an endoscopic exam sometime during the study's nine year follow-up period. The report was published in the Oct. 12 issue of the *Journal of the National Cancer Institute*. "This randomized trial, along with other trials, does not suggest that high doses of folic acid are a promising chemoprotective agent for colorectal cancer." Nor does high-dose folic acid appear to increase the risk of colorectal cancer.

Financial

- **In Cancer Care, Cost Matters** (10/14/12, New York Times Opinion page) At Memorial Sloan-Kettering Cancer Center, we recently made a decision that should have been a no-brainer: we are not going to give a phenomenally expensive new cancer drug to our patients. The reasons are simple: The drug, Zaltrap, has proved to be no better than a similar medicine we already have for advanced colorectal cancer, while its price — at $11,063 on average for a month of treatment — is more than twice as high. In most industries something that offers no advantage over its competitors and yet sells for twice the price would never even get on the market. But that is not how things work for drugs. The Food and Drug Administration approves drugs if they are shown to be "safe and effective." It does not consider what the relative costs might be once the new medicine is marketed. By law, Medicare must cover every cancer drug the F.D.A. approves. (A 2003 law, moreover, mandates payment at the price the manufacturers charge, plus a 6 percent cushion.) In most states private insurers are held to this same standard. Physician guideline-setting organizations likewise focus on whether or not a treatment is effective, and rarely factor in cost in their determinations. Ignoring the cost of care, though, is no longer tenable. Soaring spending has presented the medical community with a new obligation. When choosing treatments for a patient, we have to consider the financial strains they may cause alongside the benefits they might deliver. This is particularly the case with cancer, where the cost of drugs, and of care over all, has risen precipitously. The typical new cancer drug coming on the market a decade ago cost about $4,500 per month (in 2012 dollars); since 2010 the

median price has been around $10,000. Two of the new cancer drugs cost more than $35,000 each per month of treatment. The burden of this cost is borne, increasingly, by patients themselves — and the effects can be devastating. In 2006, one-quarter of cancer patients reported that they had used up all or most of their savings paying for care; a study last year reported that 2 percent of cancer patients were driven into bankruptcy by their illness and its treatment. One in 10 cancer patients now reports spending more than $18,000 out of pocket on care. READ the entire Op-Ed here.

- *The writers of this Op-Ed are doctors at Memorial Sloan-Kettering Cancer Center. Peter B. Bach is the director of the Center for Health Policy and Outcomes, Leonard B. Saltz is chief of the gastrointestinal oncology service and chairman of the pharmacy and therapeutics committee, and Robert E. Wittes is the physician in chief.*

General

- **Millions of Healthy Years of Life Lost to Cancer Worldwide** (10/16/12, HealthDay News) Nearly 170 million years of healthy life were lost worldwide due to cancer in 2008, according to a new study. Researchers analyzed cancer registries from around the world and used a measure called disability-adjusted life-years (DALYs) to assess not only the impact of fatal cancer, but also the effects of disabilities among cancer survivors, such as breast loss due to breast cancer or infertility due to cervical cancer. Along with finding that 169.3 million years of healthy life were lost due to cancer in 2008, the researchers also determined that men in eastern Europe had the largest cancer burden worldwide (3,146 age-adjusted DALYs lost per 100,000 men). Among women, the highest burden was in sub-Saharan Africa (2,749 age-adjusted DALYs lost per 100,000 women). Colorectal, lung, breast and prostate cancers were the main contributors to total DALYs in most areas, accounting for 18 percent to 50 percent of total cancer burden. Infection-related cancers such as liver, stomach and cervical cancers accounted for a larger part of overall DALYs in eastern Asia (27 percent of all cancers) and in sub-Saharan Africa (25 percent of all cancers) than in other regions. In addition, the study revealed that improved access to high-quality treatment has not improved survival for a number of common cancers associated with poor outcomes, especially lung, stomach, liver and pancreatic cancers. This points to the crucial role that prevention needs to play if the worldwide cancer burden is to be reduced. and colleagues. The study was published online Oct. 15 in the journal *The Lancet*.
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- **Webinar** Wednesday **Explores Social Media Campaigns** The Foundation is pleased to announce the topic of the final weinbar in the 2012 Health for a Change training series, identified through feedback from leaders like yourself across the state. This webinar, ***How to Increase Your Return on Investment (ROI) From Your Social Media Campaigns***, will be led by social media guru Heather Mansfield, of DIOSA Communications and will explore:

  - The five most useful practices for managing and maintaining social media campaigns
  - Social media's return on investment
  - A simple system to track and report social media

Register for the November 14 webinar (3-4 pm ET) online **here**. Since this is a webinar, you and your entire staff can attend in the comfort of your office or conference room. You may include as many people as you wish while streaming the audio over your computer or listening on a single phone line. The deadline to register for this webinar is Monday, November 12, 2012.

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- *(reminder)* Save The Dates! Please help us disseminate the information below concerning **Webinars coordinated through HealthCare Excel (HCE).** If you would like more information on webinars such as these or other free tools and resources, please contact the HCE Population Health team at nsemrau@kyqio.sdps.org or (502) 454-5112 x2242. All webinar times are 12:30pm – 1pm ET. October 18th: Creating a Welcoming Environment (Breast & Cervical Cancer Screening) - Kris Paul, Kentucky Cancer Program; **October 24th** : Health Effects of Smoking - Bobbye Gray, KDPH Tobacco Prevention and Cessation Program; November 15th : Dangers of Secondhand Smoke - Bobbye Gray, “”

Grants

- *(reminder)* **Request for Proposals Issued for Investing in Kentucky's Future Initiative** The Foundation for a Healthy Kentucky is pleased to issue a Request for Proposals (RFP) under the new Investing in Kentucky's Future Initiative (IKF). This initiative is designed to improve the health of Kentucky's children by engaging communities in testing innovative strategies. The Foundation plans to provide funding for up to 10 Kentucky communities where civic leaders are committed to working together to promote the physical and behavioral health and well-being of children ages 5 through 18 by supporting local systems, environments and policies that reduce risks for chronic diseases and help children practice healthy behaviors for a lifetime. **Download the full RFP here.** Please read through the RFP for information regarding applicant **conference calls scheduled on October 16 and 18**. Foundation staff will discuss the intent of this initiative in greater depth, and respond to applicant questions during these calls. More information about the Foundation can be found on our website, www.healthy-ky.org. Letters of Intent are due on November 16, 2012 and full-proposals are due on February 28, 2012.

Health Disparities

- *(reminder)* **Kentucky Cancer Consortium to Host SESRCD’s Professional Development Training Resource (PDTR) Workshop on Wednesday, November 7, 2012** from 9am – 4pm at Berry Hill Mansion in Frankfort, KY**.** Administered through the American Psychological Association, Office on Socioeconomic Status (OSES), The Socioeconomic Status Related Cancer Disparities (SESRCD) Program is a national initiative to build the capacity of community cancer-serving organizations to address health disparities in cancer through the adaptation and utilization of evidence-based cancer prevention and control efforts for socioeconomically disadvantaged populations. SESRCD maintains that irrespective of race, ethnicity, gender, age, disability or sexual orientation, socioeconomically disadvantaged communities are disproportionately affected by cancer and have lower survival rates than

their more socioeconomically affluent counterparts. SESRCD's Professional Development Training Resource (PDTR) Workshop Titled, ***Reducing Cancer Disparities and Promoting Health Equity among Socioeconomically Disadvantaged Populations*****,** the full-day free SESRCD workshop provides participants with the information, tools and strategies required to act on, and advocate for, the initiation and/or improvement of cancer prevention and control efforts targeting socioeconomically disadvantaged populations. If a large proportion of your cancer services are to the socioeconomically disadvantaged (urban OR rural), please consider sending a representative from your organization to this important training! **There are 8 spots remaining!** Registration is free, and lunch will be provided. To find out more, and to register, visit: http://sesrcdky2012.eventbrite.com/

Health reform

- **Pay for Performance: New Policy Brief from RWJF** (10/11/12, rwjf.org) Pay-for-performance" is an umbrella term for initiatives aimed at improving the quality, efficiency, and overall value of health care. These arrangements provide financial incentives to hospitals, physicians, and other health care providers to carry out such improvements and achieve optimal outcomes for patients. Pay-for-performance has become popular among policy-makers and private and public payers, including Medicare and Medicaid. The Affordable Care Act (ACA)expands the use of pay-for-performance approaches in Medicare in particular, and encourages experimentation to identify designs and programs that are most effective. Pay-for-performance programs stand in contrast to traditional payment for medical services, which is predominantly fee-for-service or based on the volume of care provided. In traditional payment systems, moreover, providers are also paid based on the complexity of services they provide, regardless of the outcomes for patients. In theory, paying providers differently and rewarding them for achieving better outcomes for patients should improve those outcomes. But in actuality, studies of these programs have yielded mixed results**. This policy brief** reviews the background and current state of public and private pay-for-performance initiatives and explores options to make these programs more effective in the future.

Lung Cancer

- **With lung cancer, quitters do better than smokers** (10/11/12, Reuters Health) Younger people with advanced lung cancer who quit smoking more than a year before their diagnosis survive longer than those who continue smoking, according to a new study. It's known that people who never smoked are more likely to survive the disease than those who light up. But whether former smokers do any better than current ones has been less clear. However, quitters who were older or who had earlier stages of lung cancer did not have an advantage over smokers, she and her colleagues report in the journal Cancer. Ferketich's group used medical records from 4,200 lung cancer patients treated at eight cancer centers around the country. Patients who never smoked were more likely to survive the less advanced cancers - stage 1, 2 or 3 - than were former or current smokers, the researchers found. Among smokers with stage 1 or 2 lung cancer, for instance, 72 percent

survived at least two years, compared to 93 percent of the never-smokers and 76 percent of people who'd kicked the habit a year or more before diagnosis. Only 15 percent of smokers with stage 4 disease survived two years, while 40 percent of never-smokers and 20 percent of former smokers did. After adjusting the numbers for factors such as age, race and radiation treatment, the researchers determined that quitters were just as likely to die from the early-stage cancers as were current smokers. But for advanced cancers, people under 85 who had stopped smoking more than a year before their diagnosis survived longer than smokers. Forty-five-year-old former smokers, for instance, were 30 percent less likely to die from stage 4 lung cancer within two years than were current smokers.

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- *(reminder)* **LECTURE: Favorable Outcomes With CT-Based Lung Cancer Detection (Garlove Lectureship), Wednesday, November 7, 2012**. Discuss results of recent literature regarding benefits and risks of lung cancer screening. Identify challenges in implementing a multidisciplinary screening program for lung cancer. Speaker: James L. Mulshine, M.D., Associate Provost for Research, Rush University Medicine Center/Acting Dean, Graduate College/Professor, Department of Internal Medicine, Rush University, Chicago, IL. Physician Education: 1.0 AMA PRA Category 1 Credit; Nurse Education: 1.0 contact hour; Location: The Olmsted, 3701 Frankfort Avenue, Louisville, KY. 5:30p Information fair, registration and hors d'oeuvres, 6:30p Program. There is no charge for this program, but registration required (502) 629-1234. Option 2.

Patient Navigation

- **Service That Speeds Up Breast Cancer Diagnosis Pays Off: Study** (10/11/12, HealthDay News) A type of service called "patient navigation" -- which helps people cope with an illness, deal with health insurance questions and schedule appointments -- may reduce delays in the detection of breast cancer, a new study has found. Suspicious breast lumps were diagnosed nearly four times sooner when women were assisted by patient navigators, according to the study. The use of these patient navigation services could lead to an increase in the number of cancerous tumors that are diagnosed before they become more difficult to treat, the findings suggested. The study included more than 2,600 women with a suspicious breast lump who were examined at one of nine hospitals or clinics in the Washington, D.C. area. About half of the women received navigation services, which helped them deal with a lack of insurance, child-care issues and other problems that might prevent them from scheduling a follow-up exam. Meanwhile, the rest of the women were only given standard advice to follow up on the lump that was found. The researchers then calculated the amount of time that lapsed between when the suspicious lumps were found and when the women received a diagnosis. The study revealed that patient navigation helped women receive their diagnosis much sooner. Women who received these services had an average diagnosis time of just 25 days, compared to 42 days for those who did not have access to a patient navigator. In addition, among women who needed a biopsy, those who received help from a patient navigator got their diagnosis in about 27 days, vs. 58 days for those who did not get navigation services, the results showed. The researchers noted that uninsured patients often have trouble finding a doctor willing to treat them. Yet, in the study,

uninsured women who received navigation services were more likely to get a quicker diagnosis than uninsured women who didn't have the help of a patient navigator. The study was published in the October issue of *Cancer Epidemiology, Biomarkers & Prevention*.

- *(reminder)* **Inaugural Cancer Patient Navigators Fall Forum: Thursday, November 8th from 8:15am – 4pm at the University of Kentucky's Boone Center** in Lexington. Cancer patient navigators offer individualized assistance to cancer patients, their families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience, and is provided by professionals or peers in a variety of settings, both within and outside of the healthcare system, yet always in close collaboration with providers and the community. Due to the multi-modal nature of cancer patient navigation, as well as the field's recent and rapid growth, there has yet to be established a unified network of professionals in Kentucky. The Kentucky Cancer Consortium is coordinating a **one-day cancer patient navigation forum to provide a neutral venue for cancer patient navigation professionals from a variety of settings to gather** to share best practices, highlight helpful resources, network with like-minded colleagues, and consider development of a network for future collaborations. The day will include sessions such as: "Facilitators and Barriers to Successful Patient Navigation In Kentucky" with Fran Feltner; a Panel (to include Norton Cancer Institute, KY Pink Connection,) discussing the Multiple Roles of Cancer Patient Navigators; a large group discussion regarding "What's Working" for KY's cancer patient navigators facilitated by Dr. Jennifer Redmond; and more! **See attached save-the-date flyer.** There is no registration fee. **Attendance is limited**. To reserve your seat at the Forum, e-mail Katie Bathje at katie@kycancerc.org .

Prevention/Genetics/Causes

- **More Stomach, Esophageal Cancers Seen in AIDS Patients Than Others** (10/6/12, HealthDay News) AIDS patients are at higher risk for esophageal and stomach cancers, as well as non-Hodgkin lymphoma, according to a new study. Researchers analyzed U.S. data collected from 1980 to 2007 to compare the risks of esophageal and stomach cancer in nearly 600,000 people with AIDS and among people in the general population. People with AIDS had a 69 percent greater risk of esophageal cancer and 44 percent greater risk of stomach cancer. They also had a greater risk of non-Hodgkin lymphoma (tumors of the immune cells) in the stomach and esophagus. The researchers also found that people with AIDS had a 53 percent increased risk of cancer in the lower stomach. *Helicobacter pylori* infection is one of the causes of this type of stomach cancer, the researchers said, so increased prevalence of *H. pylori* in people with AIDS may be one explanation for their increased risk. The study was published in the October print issue of the journal *Gastroenterology*. More frequent use of tobacco and alcohol may be another explanation for the elevated cancer risk among people with AIDS, the researchers said. Programs that help AIDS patients quit smoking and drink in moderation may help reduce their risk of esophageal and stomach cancer, the authors concluded.

- **One-Third of Men With Anal Cancer Have HIV, Study Finds** (10/5/12, HealthDay News) -- New research on anal cancer found that nearly one-third of men with this form of cancer were HIV-positive. Men infected with HIV, the virus that causes AIDS, are more likely to also become infected with the human papillomavirus (HPV), which can cause both cervical and anal cancer. The findings, published Oct. 5 in the *Journal of the National Cancer Institute*, point to the importance of screening HIV-positive men for anal cancer, said study co-author Dr. Eric Engels, a senior investigator with the U.S. National Cancer Institute. "In the United States, fewer than 1 percent of people have HIV infection. Yet when you look at anal cancer, 28 percent of all cases in men are in those who have HIV." According to background information in the study, anal cancer is diagnosed in about 6,000 people a year in the United States, mostly women, and kills around 700. Early detection, however, can lower the risk of death. The anal cancer rate has been rising in the United States since 1940, the study authors pointed out, and several groups -- gay men, those with multiple sexual partners over their lifetime, those who've had genital warts, and those who have anal intercourse -- are at highest risk. In the new study, researchers examined medical records from several states from 1980 to 2005 and found, over the entire period, that an estimated 8 percent of 20,533 anal cancer patients were infected with HIV. From 2001 to 2005, they estimated that 1 percent of women and 28 percent of men with anal cancer were HIV-positive. The study suggests that there's a link between HPV and HIV infection. HPV is estimated to cause about 85 percent of anal cancer cases, Engels said. The virus can cause cells to make genetic changes and become cancerous. HPV is transmitted through skin-to-skin contact, such as sexual activity. But people don't need to be on the receiving end of anal sex to develop an infection in the anal area. A person could transmit the virus from another part of the body, such as the genitals, to the anus, Engels explained.
- Am J Epidemiol. 2012 Oct 7. [Epub ahead of print]

- **RESEARCH ARTICLE ON RADON: Radon and Nonrespiratory Mortality in the American Cancer Society Cohort.** Radon is a known cause of human lung cancer. Previously, the authors observed a significant positive association between mean county-level residential radon concentrations and lung cancer mortality in the Cancer Prevention Study II (CPS-II), a large prospective study of nearly 1.2 million participants recruited in 1982 by the American Cancer Society. There was also a significant positive association with mortality from chronic obstructive pulmonary disease. Because it is unclear whether radon is associated with mortality from other malignant or nonmalignant disease, the authors examined the association between radon and nonrespiratory mortality in the CPS-II. Mean county-level residential radon concentrations (mean = 53.5 (standard deviation: 38.0) Bq/m(3)) were linked to participants by their zip code at enrollment. Cox proportional hazards regression models were used to estimate adjusted hazard ratios and 95% confidence intervals for all-cause (excluding lung cancer and respiratory mortality) and cause-specific mortality associated with radon concentrations. A total of 811,961 participants in 2,754 counties were analyzed, including 265,477 deaths through 2006. There were no clear associations between radon and nonrespiratory mortality in the CPS-II. These findings suggest that residential radon is not associated with any other mortality beyond lung cancer or chronic obstructive pulmonary disease. Source: Am J Epidemiol. 2012 Oct 7. [Epub ahead of print]

- **WEBINAR: Implementing the National Prevention Strategy at the Local Level Thursday, October 25th at 2pm ET.** Goal: To help participants implement the National Prevention Strategy by working with non-traditional partners at the local level. Objectives: Explain the purpose of the National Prevention Strategy; Describe the benefits of working with non-traditional partners at the local level; Identify at least one strategy used by a local public health department that can be implemented; Understand how policies and practices across multiple sectors impact physical and environmental health risks; and Become knowledgeable about multiple strategies to transform the policy process to ensure health considerations from policy formation to implementation. The intended audience for this webinar includes local public health officials, multi-sector officials and staff. Register here.

Smoke-free

- **Exemptions included in Hopkinsville smoking ban** (10/17/12, Kentucky New Era) After a prolonged and confusing process, the Hopkinsville City Council approved a smoking ordinance that would include exemptions for private clubs and age-restricted bars. The council meeting Tuesday night began with a large showing from members of the Veterans of Foreign Wars Post 1913. The members showed up en masse to speak against the smoking ban with no exemptions for private clubs. In a public comments forum that lasted 40 minutes, Post Commander John Brame pleaded with the city council to at least return to a smoking ordinance that includes an exemption for private clubs. He told the council the post already regulated the air within its private club. Brame also said if the post wanted to go smoke-free, the club would have already voted to do so. If the smoking ordinance passes on second reading, it will go into effect in January.

- *(reminder)* **Leaders in Health and Business invite you to the Smoke-Free Kentucky Forum Series** Sponsored by: Kentucky Public Health Association, Kentucky Chamber of Commerce, Kentucky Voices for Health, Kentucky Health Departments Association, and Smoke-free Kentucky. Kentucky's leading health and business organizations invite you and other community leaders to attend a smoke-free forum near you. Hear how you can join the effort to eliminate secondhand smoke from all indoor worksites and public places. We need your help to protect all workers from secondhand smoke, improve Kentucky's business image and lower health care costs related to tobacco use. **Invited Speakers:** Secretary of the Cabinet for Health and Family Services, Audrey Haynes; Representatives from the Kentucky Chamber of Commerce and Local Chambers of Commerce; **Dates and Details:**
    - **Tuesday, October 23rd;** Crowne Plaza Hotel, 830 Phillips Lane, Louisville, KY 40209
      Breakfast Forum: 8:00 a.m. - 9:00 a.m. EST
    - **Wednesday, October 24th;** Boyd County Health Department, 2924 Holt St, Ashland, KY 41101
      Breakfast Forum: 8:00 a.m.-9:00 a.m. EST
    - **Wednesday, November 14th;** River Park Center in the Berry Theater, 101 Daviess Street, Owensboro, KY 42303
      Dinner Forum: 5:00 p.m. – 7:00 p.m. CST

- **Tuesday, November 27th;** Lourdes Hospital, Borders Conference Room, 1530 Lone Oak Road, Paducah, KY 42003
  Breakfast Forum: 8:00 a.m.-9:00 a.m. CST

Learn more about the campaign at www.smokefreekentucky.org or www.facebook.com/smokefreekentucky Please RSVP to betsyjanes@ymail.com or call 502-797-0638. There is no cost to attend the forums and meals will be provided. Official Forum Invitation Flyer is attached to this email!

- *(reminder)* Smoke-Free Kentucky is a coalition of organizations and individuals who support making all public and work places 100% smoke-free in order to protect citizens and workers from the proven dangers of secondhand smoke. Periodically Smoke-free Kentucky hosts teleconference calls to update coalition partners (individuals, businesses, community organizations) about what is happening with the Smoke-free Kentucky Campaign. **Upcoming Smoke-free Kentucky Coalition call date**: Thursday, November 8, 2012 12:00 PM-1:00 PM. The call-in number is 877-366-0711 and participant passcode is 56658420.

Survivorship

- **Armstrong stepping down as Livestrong chairman** (10/17/12, AP) Lance Armstrong is stepping down as chairman of his Livestrong cancer-fighting charity to it can focus on its mission instead of its founder's problems. Armstrong's announcement came minutes before Nike Inc., announced it is terminating its personal contract with him. Nike said it a statement that Armstrong had "misled" the company for a decade about doping. The company said it would continue to support Armstrong's foundation. The U.S. Anti-Doping Agency released a massive report last week detailing allegations of widespread doping by Armstrong and his teams when he won the Tour de France seven consecutive times from 1999 to 2005.
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- **Quitting Tobacco Use After a Cancer Diagnosis** (10/17/12, cancer.net) ASCO is offering new resources for people with cancer and their caregivers on why and how to quit tobacco use. **Listen to a podcast** or **read a Q&A article** with Dr. Graham Warren about the many benefits of quitting after a cancer diagnosis. There are also two booklets as part of this effort. The first is for patients, entitled ***Stopping Tobacco Use After a Cancer Diagnosis***. In addition, there is a **companion booklet for health care providers** , with practical tips on how to incorporate tobacco cessation into their practice. Both guides are available now for free downloading (PDF) **online**. Demand for the printed booklets has been high, and orders may be placed in the **ASCO University Bookstore** starting October 22.
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- **Therapy, exercise aid in chemo-related menopause** (10/11/12, Reuters Health) - Younger women who are thrust into menopause because of breast cancer treatment may get some relief from talk therapy and regular exercise, a new study from the Netherlands suggests. "Oftentimes with women with breast cancer who experience treatment-induced menopause, the symptoms are much more severe than in natural menopause," said Neil

Aaronson from The Netherlands Cancer Institute in Amsterdam, who worked on the study. What's more, those women shouldn't take replacement hormones - an effective but controversial treatment for menopause-related symptoms - because they can put them at risk of a cancer recurrence. For the new study, Aaronson and his colleagues randomly assigned 422 women with breast cancer and treatment-induced menopause to one of four groups. One group went to six weekly therapy sessions, another consulted with physiotherapists and started tailored exercise programs, a third did both therapy and exercise and the final group was put on a waitlist. The type of group treatment included relaxation exercises and addressed symptoms as well as body image and sexuality issues. Six months later, women in the talk therapy, exercise and combined groups reported an improvement in treatment-related symptoms, each gaining about five points on a 73-point scale compared to less than two points among waitlisters. Women who'd had therapy also said they were bothered less by their hot flashes and night sweats - but had them just as often, according to findings published in the Journal of Clinical Oncology.

Survivorship events

- **HOT SEAT FOR HOPE: Roasting Dr. Rice Leach, with proceeds going towards Kentucky Pink Connection. Saturday, November 3rd, 5pm to 9pm.** Dr. Leach, Commissioner for Public Health at the Fayette County Health Department has graciously agreed to be the inaugural 'roastee' for this new event – an evening of fun and laughter at the Lyric Theatre on 300 East 3rd Street in Lexington. Evening includes cocktails, tours of Lyric Theatre, dinner, entertainment and toasts. Tickets are $50 per person and may be purchased at the Lyric Theatre Box Office at 859-280-2218, online at www.lexingtonlyric.com or by calling KY Pink Connection at 859-309-1700 or 877-597-4655.
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- **Frankfort Regional Medical Center has entered the 2012 Pink Glove Dance Competition** to help raise awareness for Breast Cancer Awareness. Voting for the Pink Glove Dance Video is open at http://pinkglovedance.com/competition/vote.php. You can sort through the entrants to find their video by selecting the drop down menu for "Organization D-G". You must have a Facebook account in order to vote, and you can only vote for our video once per Facebook account. You can also go directly to the page with FRMC's video at http://apps.wildfireapp.com/microsite/pages/6bb403a68ebdc541. Their video has also been posted on Frankfort Regional's Facebook page at http://www.facebook.com/FrankfortRegional for viewing. Voting has been extended until November 2, 2012. The winning organization receives a $10,000 donation to a breast cancer charity, and FRMC has chosen their charity as the Kentucky Pink Connection. The Kentucky Pink Connection provides support for breast cancer patients by reducing and/or eliminating barriers to screening, diagnosis and treatment.